

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeff Cynamon for Miami Beach Commission

Name

(2) 300 Seventy-First Street, Suite 300

Address (number and street)

Miami Beach, Florida 33141

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Miami Beach Commission Group 6

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05 / 01 / 2015 To 05 / 31 / 2015 Report Type: 2015-M05

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2,350 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2,350 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 877 . 26

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 877 . 26

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 6 , 300 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 923 . 69

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Jeff Cynamon

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Jeff Cynamon

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeff Cynamon for Miami Beach Commission

(1) Name _____

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2015 through 05 / 31 / 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
05 15 2015 / /	Jason Alderman, P.A. 9999 N.E. 2nd Avenue Suite 211 Miami Shores, FL 33138	B	Law Firm	Check		1000.00
001						
05 15 2015 / /	Vicente Roger, M.D., P.A. 1069 Kane Concourse Bay Harbor Island, FL 33154	B	Pediatrician	Check		1000.00
002						
05 15 2015 / /	Annette Canon 103 - 7th Terrace Miami Beach, FL 33139	I	Attorney	Check		50.00
003						
05 15 2015 / /	Legacy Acquisitions 1, LLC 18701 S.E. Federal Highway, Jupiter, FL 33469	B	Marina	Check		100.00
004						
05 15 2015 / /	Chepenik and Trushin, LLP, 12550 Biscayne Blvd., Suite 904 Miami, FL 33181	B	Law Firm	Check		200.00
005						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeff Cynamon for Miami Beach Commission

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2015 through 05 / 31 / 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
05 / 01 / 2015	Miami Beach Chamber of Commerce 1920 Meridian Avenue Miami Beach, Florida 33139	Gala	Mon		325.00
001					
05 / 13 / 2015	Discovercard for Union Printering, Inc. 2321 Pembroke Road Hollywood, FL 33020	Letterhead and envelopes	Mon		552.26
002					
552.26					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Jeff Cynamon for Miami Beach Commission (2) I.D. Number _____

(3) Cover Period 05 / 01 / 2015 through 05 / 31 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	Nothing to Report on this Form.					
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/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Jeff Cynamon for Miami Beach Commission

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2015 through 05 / 31 / 2015

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
// /	Nothing to Report on this Form.				
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